## L. E. SMOOT MEMORIAL LIBRARY

9533 Kings Highway Phone: 540-775-2147 King George, Va. 22485 Fax: 540-775-3769

## **Meeting Room Application**

Date of Application:		(Bookings may not be made more than 3 months in advance)		
Organization Name:				
Address:		City, Zip:		
Phone:		Email:		
Responsible Party Name	:	Phon	e Number:	
Is this a designated not-for-profit organization?		Yes No	(Proof of status may be requested)	
Date(s) of Requested R	oom Use:, (date 1)	( <i>Limite</i> (date 2)	ed to two uses per month)	
Start Time:	End Time:	(room avail	ability ends 10 minutes prior to closing)	
Number of Expected Atte	mber of Expected Attendees: (See rev		e for occupancy levels)	
Room Requested: (Che	ck Box) <i>Room preferenc</i>	e is not guaranteed. <b>L</b>	imited to one room per use	
Meeting Room A	Meeting Room B	Meeting Room	AB Program	
Equipment Requested:	(Check Box)			
Podium Proj	jector Project	ion Screen	DVD/Blu-Ray Player	
Cancellation: Bookings		ncelled after 10 days i	f payment is not received. e could result in additional charges.	
or fees, as outlined. The gram. I/We will hold the	Library may give out my n	ame and telephone nun rary harmless for any da	esponsibility, as well as any damages and, obsert of anyone inquiring about this pro- amages to property or persons while our	
Signature:	nature: Date:			
*******	********************In Offi	ice Use***********************************	*******	
Payment Receive Date: _	Payment Am	iount:		
Reservation Approval Da	ite: Staff Init	ials:		

	Program Room	Meeting Room A or B	Meeting Room A & B
Room Occupancy	16	16 with tables 20 without tables	32 with tables 45 without tables
Non-Profit Fees	\$0	\$0	\$0
For-Profit Fees	\$10/hour	\$25/hour	\$50/hour
AV Capacity	Screen Projector Dry Erase	Screen Projector	Screen Projector
AV Fees	\$15, \$0 for Dry Erase	\$15	\$15
Repair Fees	At Cost	At Cost	At Cost
Maintenance/Cleaning Fees	\$15/hour	\$15/hour	\$15/hour